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Confusion Is Rife About Drug Plan as Sign-Up Nears

By [ROBERT PEAR](#)

WASHINGTON, Nov. 12 - Enrollment in the new Medicare drug benefit begins in three days, but even with President Bush hailing the plan on Saturday as "the greatest advance in health care for seniors" in 40 years, large numbers of older Americans appear to be overwhelmed and confused by the choices they will have to make.

"I have a Ph.D., and it's too complicated to suit me," said William Q. Beard, 73, a retired chemist in Wichita, Kan., who takes eight prescription drugs, including several heart medicines. "I wonder how the vast majority of beneficiaries will handle this. I fervently wish that members of Congress had to deal with the same health care program we do."

Mr. Beard was interviewed at First United Methodist Church in Wichita, where he and 100 other members of an adult Sunday school class recently received a two-hour explanation of the drug benefit from a state insurance counselor.

Confusion was a dominant theme at education and counseling sessions held over the last two weeks in Wichita and in Glen Burnie, Md.; Fairfax, Va.; Urbana, Ohio; and Santa Rosa, Calif.

"The whole thing is hopelessly complicated," said Pauline H. Olney, 74, a retired nurse who attended a seminar at a hotel in Santa Rosa, north of San Francisco.

The drug benefit, estimated to cost \$724 billion over 10 years, is the biggest expansion of Medicare since its creation in 1965 and is often described as Mr. Bush's biggest achievement in domestic policy.

Bush administration officials and other backers of the plan say the new program can cut drug costs in half for a typical beneficiary, to \$1,120 a year, with much greater savings for low-income patients. In his radio address on Saturday, Mr. Bush said, "If you or someone you love depends on Medicare, I urge you to learn about the new choices you have so you can make a decision and enroll."

Beneficiaries around the country are flocking to Medicare workshops, where experts present them with complicated descriptions of drug formularies, "tiered co-payments," "creditable coverage" and "true out-of-pocket costs," and caution about penalties for late enrollment.

In most states, beneficiaries have a choice of more than three dozen prescription drug plans. Premiums, deductibles, co-payments and covered drugs vary widely. Many retirees also have other options: getting drug coverage through former employers or through Medicare-managed care plans.

In Kansas, Medicare beneficiaries have a choice of 40 prescription drug plans charging premiums from \$9.48 a month to \$67.88 a month.

Gene D. Peterson, 71, who attended the session at First United Methodist, said: "The government asks us to sign up for a plan, but we have to figure out which drugs are covered by which of the 40 plans. For the average person, that's almost impossible. It's much too complicated."

Mr. Peterson is far from alone. In a survey issued this week by the Kaiser Family Foundation and the Harvard School of Public Health, only 35 percent of people 65 and older said they understood the new drug benefit. Those who said they understood it were more likely to have a favorable impression of it.

Asked about beneficiaries' confusion, Michael O. Leavitt, the secretary of health and human services, said: "Health care is complicated. We acknowledge that. Lots of things in life are complicated: filling out a tax return, registering your car, getting cable television. It is going to take time for seniors to become comfortable with the drug benefit."

Paulette Dibbern, a retired State Farm insurance agent in Wichita, said the government was not emphasizing an important fact about the new benefit: "You must go out and shop for a drug plan and buy this coverage from an insurance company."

In principle, Mrs. Dibbern said, drug coverage for older Americans is a good idea. But in practice, she said, the new program is immensely frustrating. "Federal officials seem to go on the philosophy, 'Why keep it simple when you can gum up the works?' " she said.

Mendell F. Butler, 76, a longtime member of First United Methodist, said he wished people could pay \$20 a month for a simple Medicare drug plan, "without searching out all these different companies you've got to buy it from."

Mr. Butler said he was deeply concerned about people who did not have the capacity to understand the decisions they had to make. "With the new program," he said, "you go home at night, and your mind is totally boggled, so confused that you think, 'Golly, is it worth it?' "

Mr. Leavitt said beneficiaries could get help on a toll-free telephone number, 1-800-633-4227, and on a Web site, www.medicare.gov, which includes a "plan finder" to sort through the options.

Beneficiaries understand that Parts A and B of Medicare cover hospital care and doctors' services, and many want to know why Medicare does not have its own drug plan. The new prescription drug plans, though heavily subsidized by Medicare, are marketed and administered by private insurers like Aetna, Humana, PacifiCare and UnitedHealth Group.

The Bush administration and Republicans in Congress chose this approach for two reasons. They firmly believe that competition among private plans will hold down costs, and they do not want the government to specify which drugs will be covered.

Brian D. Caswell, a former president of the Kansas Pharmacists Association, said he spent two to three hours a day explaining the Medicare drug benefit to customers at his store in rural Baxter Springs. He encouraged them to take a look at the new program.

But Mr. Caswell said: "The program is so poorly designed and is creating so much confusion that it's having a negative effect on most beneficiaries. It's making people cynical about the whole process - the new program, the government's help."

Robert W. Nyquist, a pharmacist in Lindsborg, Kan., said customers had told him: "This is just beyond me. I can't decipher which drug plan is cheapest."

Suzi Lenker, who coordinates insurance counseling for the Kansas Department on Aging, said that "some people were in tears" at a recent session she held for 140 Medicare beneficiaries in McPherson. "They did not like this newfangled change," Ms. Lenker said.

Bush administration officials said Medicare drug plans were offering more benefits at lower cost than had been expected.

But that does not mean that a person's local pharmacy will be in every plan.

"In some rural areas," Ms. Lenker reported, "beneficiaries say: 'There are 40 Medicare drug plans to choose from, but my pharmacy takes only one or two plans. How does that give me choice?'"

Mr. Nyquist said he was doing business with only one prescription drug plan, Community Care Rx, offered by MemberHealth in cooperation with the National Community Pharmacists Association. If Medicare beneficiaries choose another plan, he said, they cannot get their drugs at his store, the only one in Lindsborg.

"We are not trying to deny access to people," Mr. Nyquist said. "We chose to do business with Community Care Rx because, in my opinion, it is the plan most friendly to senior citizens."

Food shoppers tend to like having a large variety of products and brands, but many Medicare beneficiaries are perplexed by the prospect of an insurance supermarket.

"In a grocery store, we know the products," said Irwin Samet, 74, of Fairfax, Va. "With prescription drug plans, we don't know the products. We are guessing."

After a two-hour class at the Jewish Community Center of Northern Virginia, Mr. Samet used a Yiddish word to describe his state of mind. "Farmisht," he said. "Mixed up. All of us here are mixed up."

In Urbana last week, more than 150 people showed up for a Medicare seminar held by the Ohio Insurance Department.

Joseph Rizzutti, 68, said he had found the seminar helpful, but would have to do "a lot of research and homework" to choose plans for himself and his 88-year-old mother, who has [Alzheimer's](#) disease and lives in a nursing home.

The Medicare handbook, sent to all beneficiaries, lists 43 drug plans available in Ohio.

Edith L. Kohn, 81, who worked as a cashier in a grocery store in Urbana for two decades, said she had been studying her Medicare options for a month.

"I feel like I'm just about ready to make a decision, signing up for the plan offered by AARP," Mrs. Kohn said. "But the government has made this hard, and it should not be that way. I don't understand why they have to make things so darn complicated."

Even after attending the seminar, Raymond L. Middlesworth, 70, a retired truck driver from Urbana, said he was baffled.

"I've tried reading the Medicare book about the drug plan," Mr. Middlesworth said, "but I couldn't make sense of it. This is the biggest mess that Medicare has ever put us through."

Carolyn Marshall contributed reporting from Santa Rosa, Calif., for this article, and Albert Salvato from Urbana, Ohio.

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